

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34956** (5)

1. Corporation Name

SMITH COLLEGE CLUB OF FORT LAUDERDALE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% DEBORAH L. BIZZARRO ESO
2419 E COMMERCIAL BLVD #302
FT LAUDERDALE FL 33308

% DEBORAH L. BIZZARRO ESO
2419 E COMMERCIAL BLVD #302
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified
10/27/1989

3a. Date of Last Report
04/29/1994

4. FBI Number
59-6136380

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIZZARRO, DEBORAH L. ESO
2419 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MEZER, LOIS**
STREET ADDRESS **2375 N 37TH AVE**
CITY-ST-ZIP **HOLLYWOOD FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **STONE, RUTH**
STREET ADDRESS **4720 NE 3RD TER**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE **Secretary** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **SOCRANSKY, CLAIRE**
STREET ADDRESS **2200 S OCEAN LANE #1704**
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **P**
NAME **CARNEY, JUDITH**
STREET ADDRESS **5126 NW 59TH WAY**
CITY-ST-ZIP **CORAL SPRINGS FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T**
NAME **FINK, JOAN**
STREET ADDRESS **2407 LAGUNA DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **S**
NAME **MOSES, EMMY**
STREET ADDRESS **2500 E LAS OLAS BL #1607**
CITY-ST-ZIP **FT LAUDERDALE FL**

6.1 TITLE **D** Change Addition
6.2 NAME **MILLER, J.C., ESQ.**
6.3 STREET ADDRESS **1551 NW 108th Ave.-#132**
6.4 CITY-ST-ZIP **Plantation, FL 33322**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joan Orr Fink (JOAN ORR FINK) T

APR 24, 1995 (305)561-2230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Area #